



Minnesota Department of Corrections
Psychology Internship Handbook

Table of Contents

I. Minnesota DOC Psychology Internship Brochure – Minnesota Department of.....	3
Introduction	3
Organization of MN DOC Mental Health Services	3
Mission.....	5
Philosophy.....	5
Goals/Expectations	5
Internship Activities	7
Stipend and Benefits.....	7
Supervisors for Psychology Interns.....	7
II. Eligibility	8
Internship Admissions, Support, and Initial Placement Data	8
Application Procedures.....	11
III. Supervision.....	11
IV. Statement of Training Goals/Standards for Competency.....	12
V. Professional Code of Conduct Policies.....	15
VI. Psychology Internship Evaluation Procedures.....	16
VII. Management of Problematic Conduct and/or Performance.....	16
Appendix A.....	26
INTERNSHIP EVALUATION FORM	26

I. Minnesota DOC Psychology Internship Brochure – Minnesota Department of Corrections

Introduction

The Minnesota Department of Corrections (MN DOC) was created in 1959 to consolidate state correctional functions within one agency. There are three divisions in the MN DOC: Facility Division, Community Services Division, and the Operations Support Division. The MN DOC currently operates 10 correctional facilities – nine for adults and one for juveniles. The adult prisons hold more than 9000 men and over 600 women.

Minnesota has a national reputation for operating humane, safe correctional institutions with low levels of violence and are safe for inmates and staff. Although the adult inmate population in Minnesota has been increasing during the past decade, MN DOC correctional institutions are not confronted with the magnitude of prison crowding plaguing most states. Minnesota continually ranks as one of the lowest states in the nation in the number of incarcerated individuals per capita. This low rate of incarceration reflects Minnesota's reliance on alternatives to prison for less serious incarcerated individuals. The system is designed to reserve expensive prison space for only those criminals who are dangerous and need to be incarcerated.

Organization of MN DOC Mental Health Services

Psychology is part of the Behavioral Health Services Unit, which is part of Health Services. The overall management and direction of mental health services is the responsibility of the MN DOC Behavioral Health Services Director. At the institution level, behavioral health services are under the supervision of Psychology Directors.

Internships are offered at four Minnesota DOC facilities:

The MN DOC Psychology Internship Program is a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). This internship site agrees to abide by the APPIC policy that no person at this training facility will solicit, accept, or use any ranking-related information from any intern applicant. The internship is accredited effective October 2020 by the American Psychological Association (APA). Applicants can access program information from the MN DOC public website or directly contact the Director of Clinical Training. <https://mn.gov/doc/employment-opportunities/intern-opportunities/intern-positions/mentalhealth/doctoral-psychology-internship/>

The MN DOC Internship Program has established a profile on the Association of Psychology Postdoctoral and Internship Center's website. This website exhibits the accreditation status of the Psychology Internship Program. Questions related to the program's accredited status should be directed to the Commission on Accreditation: Office of Program Consultation and Accreditation American Psychological Association 750 1st Street, NE, Washington, DC 20002 Phone: (202) 336-5979 / Email: apaaccred@apa.org Web: www.apa.org/ed/accreditation

MCF-Stillwater. The Stillwater facility is a Close (a security level between Maximum and Medium) custody facility with a population of about 1400 adult male incarcerated individuals. The facility has been in operation since 1914 and is located 20 miles east of the Minneapolis-St. Paul area. The Minnesota Correctional Facility-Stillwater (MCF-STW) has many special programs, including several industry and vocational training programs, education, and a 48—bed long-term substance use disorder treatment unit. The behavioral health staff includes a licensed doctoral psychologist, licensed master-level social workers, mental health therapists, and substance use disorder counselors. Behavioral health

staff at this facility provide a wide variety of services, including the following: diagnostic testing and assessments, individual and group therapy, crisis intervention, frequent consultation with the numerous disciplines within the facility, and release planning services. An intern at this site can expect a wide diversity of clients and referral issues ranging in complexity and severity of illness.

MCF-Lino Lakes. The Lino Lakes facility is a medium custody "campus" with large substance use disorder and sexual offense-specific treatment programs. The facility is located twenty miles north of the Minneapolis-St. Paul metro area. One internship slot is available at the Sex Offender Treatment Program (SOTP). SOTP provides direct services to incarcerated individuals, including the following components: security, assessment, treatment planning, individual and group psychotherapy, psycho-educational classes, and release planning. SOTP serves approximately 270 adult male incarcerated individuals at a given time, many of whom also experience co-morbid mental illness, chemical abuse/dependency, and traumatic brain injury. The program operates with a modified therapeutic community model and consists of five treatment tracks: assessment, chemical dependency, primary sex offender treatment, transitions, and aftercare. The mission is to protect the general public's safety and reduce recidivism among men who have committed sexual offenses by effectively addressing their complex behavioral health issues. The intern will work with team clinicians, including licensed drug and alcohol counselors, sexual offense-specific therapists, release planners, and Psychologists (who conduct psychosexual assessments and provide ongoing mental health services).

MCF-Shakopee. MCF-Shakopee is the MN DOC's only adult female facility located approximately 30 minutes Southwest of the Minneapolis-St. Paul metro area. MCF-Shakopee currently houses over 600 incarcerated individuals of all custody levels. Each incarcerated individual is assigned a mental health provider upon admission; therefore, mental health staff is tasked with meeting the varied needs of the diverse individuals committed to the facility. The Behavioral Health Department at MCF-Shakopee includes a multidisciplinary team of psychologists, master's-level licensed clinicians, licensed alcohol and drug counselors, and two release planners. The intern will be involved in a full range of services, including, but not limited to, completing various assessments (i.e., intake assessments, substance use disorder assessments, diagnostic assessments, and comprehensive mental health assessments inclusive of psychological testing). Additionally, MCF-Shakopee offers the intern a wealth of opportunities to provide brief and long-term individual therapy as well as opportunities for group facilitation. Current group topics include adjustment to incarceration, development of CBT and DBT skills, coping with trauma-related distress, managing severe persistent mental illness, and sex offense treatment. Using a developmental supervisory approach, additional activities (e.g., crisis management, multidisciplinary case consultation) are selected to prepare interns for a future career as a psychologist in a variety of settings.

MCF-Oak Park Heights. MCF-Oak Park Heights is a maximum-security prison. The facility is unique as it has specialized units that operate comparable to an inpatient medical unit, the Transitional Care Unit (TCU), and the inpatient psychiatric unit, the Mental Health Unit (MHU). Onsite, a team of Psychology staff provides individualized services to incarcerated individuals who reside on MHU, TCU, restrictive housing, and those residing in the general population. The Psychology Department, comprised of master's level clinicians, a dual mental health and substance abuse treatment counselor, a release planner, and a doctoral-level psychologist, provides individual psychotherapy services, group psychotherapy services, assessment, crisis intervention, and consultation. On the MHU, treatment services are centered on assessment and mental health stabilization of complex cases involving serious and persistent mental illness, personality disorders, and civil commitment. Services provided on the TCU are focused on assessment and treatment of mental health concerns with the opportunity to

provide assessment and monitoring to those with medical concerns necessitating a hospital-level of care. This facility is an ideal training site for an intern interested in gaining experience in outpatient and inpatient care.

Mission

*The mission statement of the Minnesota Department of Corrections is as follows: **Transforming Lives for a Safer Minnesota***

The mission of the MN DOC is demonstrated by the behavioral health staff who provide prosocial, evidence-based, and culturally sensitive interventions aimed at maintaining a safe and secure environment for the incarcerated individual, staff, and the community at large.

The MN DOC Psychology Internship Program's aim is to provide ample supervision and education within a mentorship training model that prepares individuals for postdoctoral positions in psychology which, ultimately, would lead to a career as a licensed psychologist. While geared toward work in and with correctional populations, the Psychology Internship Program is of sufficient breadth and diversity so that it provides the intern with the experiences necessary to perform as a generalist in a non-correctional/forensic setting.

For nearly two decades, the Minnesota Department of Corrections has relied upon the doctoral internship program to provide the department with uniquely qualified entry-level psychologists. Interns who have shown themselves to be competent clinicians within the correctional setting are often recruited by the department at the end of their internship year.

Philosophy

The Psychology Internship Program at the Minnesota Department of Corrections emphasizes the practice of clinical psychology in a correctional facility. Correctional facilities are unique institutions, which have their own culture, vocabulary, and social hierarchy. They are also unique for the responsibility and authority given to psychologists. Correctional Psychologists direct mental health services in their facilities; this means that psychologists working in these settings must understand the overall dynamics of corrections and develop specialized clinical skills. Therefore, interns in the MN DOC will gain experience with diverse issues and clinical problems.

Goals/Expectations

Internships in the MN DOC are twelve months in length, 2000 hours, and typically begin in early September. Interns will spend at least 25% of their time in direct face-to-face clinical service activity. It is the goal of our program that, by the completion of the internship, interns will have developed sufficient competence in the following areas so they can function independently as psychologists:

Assessments: Interns are expected to develop the skills necessary to complete an assessment. Interns receive training in formal psychological assessments, including neurocognitive testing. Under supervision, interns work with referral sources to clarify the referral question, select and administer appropriate psychological tests, conduct thorough clinical interviews, integrate the test findings and other data, prepare cogently written reports which can be readily understood by referral sources, and provide follow-up consultation as needed.

Intervention: Interns are expected to demonstrate competencies in evidence-based psychotherapies. It is expected that they will develop treatment strategies to address issues that were identified in the assessments, write treatment plans, provide the appropriate group or individual therapy, and modify their treatment based on changes in the client's condition. Interns are expected to establish and maintain effective therapeutic relationships with clients. In working with their clients, interns are to develop and adhere to evidence-based service interventions.

Individual and Cultural Diversity: Interns are expected to demonstrate an understanding of how their own personal/cultural history, attitudes, and biases may affect their understanding and interaction with people who are different from themselves. Interns will remain current in theoretical and empirical knowledge as it relates to their professional activities. As the internship unfolds, interns will demonstrate the ability to independently apply their knowledge and approach to working effectively with diverse populations.

Research: Interns demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their clinical practice and the professional practice of psychology in corrections specifically.

Consultation and Interprofessional/Interdisciplinary Skills: Interns are expected to learn the psychologist's role as a consultant to other professionals. This consultation typically focuses on challenging clients with whom the intern may or may not have a client-therapist relationship. The intern is expected to learn what behaviors are most likely to lead to a consultation, how to prepare for a consultation meeting, what other professionals expect from a psychologist, and how to achieve a satisfactory outcome.

Supervision: As interns become more experienced during their internship, the intern will demonstrate proficiency in understanding the basic principles of clinical supervision (e.g., building a supervisory alliance, providing and accepting effective summative feedback, promoting growth and self-assessment of peer/intern, and seeking consultation) and apply these principles as peer supervisors during group supervision and/or with doctoral practicum students if available.

Ethical and Legal Standards: Interns are expected to be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines. When ethical dilemmas arise, they seek appropriate consultation and supervision.

Professional Values, Attitudes, and Behavior: Interns will demonstrate proficiency in providing psychological services consistent with professional values, beliefs, and practices within the field generally and within the correctional environment specifically.

Communication and Interpersonal Skills: Interns are expected to develop and maintain effective relationships with various individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

Internship Activities

Given the unique nature of providing mental health services within a correctional facility, the first month of the MN DOC internship is geared toward preparing and orienting the intern for work in a correctional setting. Starting with the first day, all interns meet with the Director of Clinical Training. The Director of Clinical Training reviews the entire orientation manual with the interns on this first day. This also provides an opportunity for the interns to meet and become acquainted with each other. Each intern will go through a site-specific orientation during their first week. Also, in the first month, interns will attend more than 45 hours of MN DOC academy, training that is required for all department employees. The academy provides training on various topics related to working in a correctional facility (e.g., Avoiding set-ups by inmates, First Aid, Incident Command System, and Security Threat Groups, aka gangs).

Upon completing the first month, a relatively routine training schedule ensues with the intern getting at least two hours of individual supervision weekly. In addition to individual supervision, all MN DOC interns will meet weekly throughout the year for didactic training totaling over 100 hours.

There are a total of nine adult correctional facilities and one juvenile facility in the MN DOC. The interns will have the opportunity to visit select facilities for a tour and discussion with the mental health staff on the programming specific to the individual site and the general operation of the psychology unit. Other training includes seminars in treating individuals who commit sexual offenses, personality disorders, and drug and alcohol problems.

Interns will attend MN DOC Mental Health Training Sessions and are encouraged to attend workshops outside of the department when approved by their supervisor. An intern's work and progress are formally evaluated at quarterly intervals during the internship year. Evaluations are reviewed with the intern and shared with the MN DOC Director of Clinical Training and Director of Internship Training at the intern's educational institution.

Stipend and Benefits

Interns are entitled to an annual stipend of \$30,000 and are eligible for health insurance benefits. Psychology interns do not receive holiday, sick, or vacation pay. Instead, they are allowed up to 15 Personal/Educational/Dissertation (PED) days away from the facility.

Interns are provided an office, computer, telephone, desk, access to and use of psychological testing instruments and manuals, DSM-5, and general office supplies.

Supervisors for Psychology Interns

Adam Piccolino, Psy.D., LP, ABN, Behavioral Med Practitioner, Sr.
 Shannon Juedes, Psy.D., LP, Behavior Medicine Practitioner
 Luke Utecht, Psy.D., LP, Psychologist 3
 Charlotte Gerth, Ph.D., LP, Behavior Medicine Practitioner
 Bonnie Bjorke, Psy.D., LP, Psychologist 3
 Amanda Knoll, Ph.D., LP, Psychologist 3
 Angela Kollmann, Psy.D., LP, Psychologist 3

II. Eligibility

Internship Admissions, Support, and Initial Placement Data

Date Program Tables are updated: 08/2021

Internship Program Admissions

An internship in the MN DOC prepares the intern for practice as a generalist in the field of clinical psychology. Interns are provided the opportunity to deliver a breadth of services. These services include individual psychotherapy, group psychotherapy, crisis interventions, psychological assessments, and consultations with peers and interdisciplinary team members.

Graduate students from accredited doctoral programs in professional psychology are eligible. The Minnesota DOC is committed to fostering diversity in its training program; members of minority groups are strongly encouraged to apply. Applicants should have the following minimum qualifications:

1. Graduate coursework and practicum training in intellectual and personality assessment.
2. Graduate coursework and practicum training in psychotherapy.
3. Graduate coursework in psychopathology.
4. Verification from the Director of Clinical Training of the applicant's graduate program that they have completed all graduate coursework and any comprehensive examinations required by their program before the internship start date.
5. Student is in good academic standing at the educational institution in which they are enrolled.
6. The educational institution is regionally accredited.
7. While correctional experience is valued, intern applicants who have a strong foundation and direct clinical training in psychological assessment and psychotherapy, and who have practicum experiences that have allowed for experience and exposure to a broad clinical population will be given strong consideration.

Does the program require that applicants have received a minimum number of hours of the following at time of application? If Yes, indicate how many:

Total Direct Contact Intervention Hours	Y	Amount: 350
Total Direct Contact Assessment Hours	Y	Amount: 150

Describe any other required minimum criteria used to screen applicants:

Applications are only accepted through the APPIC Application for Psychology Internships (AAPI).

Applicants are required to complete the APPIC Application and submit three letters of recommendation, a redacted psychological evaluation, and their curriculum vitae.

Financial and Other Benefit Support for Upcoming Training Year

Annual Stipend/Salary for Full-time Interns: \$30,000/year

Annual Stipend/Salary for Half-time Interns: Not Applicable

Program provides access to medical insurance for intern? Yes

If access to medical insurance is provided

Intern contribution to cost required? Yes

Coverage of family member(s) available? Yes

Coverage of legally married partner available? Yes

Coverage of domestic partner available? No

Hours of Annual Paid Personal Time off (PTO and/or Vacation): 120

Hours of Annual Paid Sick Leave: None

In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?

Yes

Other Benefits (please describe): Not Applicable

Initial Post-Internship Positions (Aggregated Tally for Preceding 3 cohorts)

Date Range (e.g., 2017-2021):

Total # of interns who were in the 3 cohorts:	8	
Total # of interns who did not seek employment because they returned to their doctoral program/are completing doctoral degree	2	
	Post-doctoral residency position	Employed position
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	0
Military health center	0	0
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital – State System	0	1
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	2
School district/system	0	0
Independent practice setting	0	2
Not currently employed	0	0
Changed to another field	0	0
Other	0	1
Unknown	0	0

Application Procedures

Applications are only accepted through the APPIC Application for Psychology Internships (AAPI). Applicants are required to complete the APPIC Application, submit three letters of recommendation, their curriculum vitae, a sample psychological evaluation that has been redacted.

Applications for internships starting in 2021 should be completed by November 12, 2021. All applicants will be notified regarding interview status by December 3rd, 2021, via email. Applicants are invited to interview through a combination of email and telephone communication. We will begin interviewing in early January 2022. Virtual interviews are scheduled for two to three hours. Applicants are invited to interview by Microsoft Office Teams or by telephone if the other platforms are not accessible. Please note that we cannot accommodate requests for in-person interviews or on-site tours due to current state guidance for COVID-19; however, this may change based on changing protocols for correctional environments as we near the interview dates. At the direction of the Director of Clinical Training, interviewees will be encouraged to contact former interns.

Adam Piccolino, Psy.D., ABN, LP
 Psychology Internship Director of Clinical Training
 Minnesota Department of Corrections
 1010 West 6th Avenue
 Shakopee, MN 55379
 Telephone: (952) 233-3897
 Email: adam.piccolino@state.mn.us

III. Supervision

The MN DOC values the contribution of interns to the agency. The internship supervisors feel fortunate to work with new professionals who bring enthusiasm and knowledge of current research to invigorate our program. Providing supervision is not a requirement for staff, but is viewed as a benefit and is regarded as one of the more rewarding aspects of professional life in the MN DOC. Interns are regarded as colleagues as well as students, and staff is conscientious about providing the supervision that we agreed to provide.

Interns receive at minimum two hours of individual supervision per week by a licensed psychologist. The supervisor is an onsite supervisor that the interns have ongoing, regular contact with and who also has clinical responsibility for the clinical cases of the intern.

Each week interns will also receive two hours of supervision in addition to their two hours of individual supervision. The additional supervision is completed in a group format that may include consultations and group supervision. The supervision is provided by an individual or individuals licensed appropriately for their work. The supervisor may be a licensed psychologist (LP), licensed professional clinical counselors (LPCC), licensed alcohol and drug counselors (LADC), licensed professional counselors (LPC), and/or licensed social workers (LCSW).

The program ensures that interns have access to consultation and supervision while they are providing clinical services. The supervisors who have clinical responsibility for the cases of the intern are located onsite at the facility. The supervisors are available to the intern via open-door policy, email, phone, and messaging. The intern is notified of ways to contact the supervisor at the onset of supervision.

verbally. In the supervisor's absence, the intern is informed of a backup supervisor (often, a secondary doctoral-level psychologist, another mental health professional, or the supervisor's supervisor). The intern may be provided the supervisor's contact information if the supervisor is offsite. This information may include DOC email, messaging, or a cellphone or landline phone number. Supervisors and interns regularly schedule weekly supervisory sessions; interns are encouraged to seek additional supervision from the supervisor as needed informally via an open-door policy or through email or messaging. Clinical and/or designated supervisors are onsite when interns are providing clinical services.

The intern's training is overseen by the psychologist who has primary responsibility for the clinical services of the intern. The intern may interact with other mental health staff throughout their training year to provide clinical services such as groups or consultation. The training supervisor communicates with the mental health staff to receive pertinent information regarding the intern's delivery of service and subsequent activities. Staff are informed of who the primary supervisor is for the intern and are encouraged to seek out the supervisor to address any concerns that should arise or provide feedback on the intern on an informal basis. In addition, the interns inform their clients that they are an intern and unlicensed and are under the supervision of a specified licensed supervisor. Supervisors maintain responsibility for all supervision and clinical oversight of the interns' work. Supervisors gain collateral information from mental health staff with whom the intern works and reviews the clinical documentation of the interns that includes clinical notes and assessment reports. Supervisors will integrate these information sources on the intern's progress to incorporate into the formal intern evaluations.

Over the course of the internship year, MN DOC interns are required to complete 2,000 total hours of full-time internship experience, which includes PTO such as vacation, sick leave, and holidays. In addition, 500 hours of face-to-face contact time with patients is required to successfully complete the internship. This is in accordance with APA standards, which requires one year of full-time training in no fewer than 12 months. Interns are expected to keep track of their clinical hours. During supervision, interns will be asked to have their clinical hours approved and signed by their supervisor. At the beginning of the internship year, interns will be provided with instructions on how the various internship requirements are to be documented.

IV. Statement of Training Goals/Standards for Competency

The overall training goal is to develop competency in the skills needed to be an independent practitioner of Psychology. To successfully complete the internship, interns must obtain a minimum rating of four (4) in 80% of the Profession Wide Competencies. This would equate to the intern achieving a minimum rating of four (4) or higher in eight of the nine competency areas. Pursuit of this goal includes the following:

1. **Assessments:**
 - a. Demonstrate current knowledge of diagnostic classification systems, functional and dysfunctional behaviors, including consideration of client strengths and psychopathology.
 - b. Demonstrate understanding of human behavior within its context (e.g., family, social, societal, and cultural).
 - c. Demonstrate the ability to apply the knowledge of functional and dysfunctional behaviors including context to the assessment and/or diagnostic process.

- d. Select and apply assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics; collect relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.
 - e. Interpret assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of assessment that are subjective from those that are objective.
 - f. Communicate orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.
2. **Intervention:**
- a. Establish and maintain effective relationships with the recipients of psychological services.
 - b. Develop evidence-based intervention plans specific to the service delivery goals.
 - c. Implement interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.
 - d. Demonstrate the ability to apply the relevant research literature to clinical decision making.
 - e. Modify and adapt evidence-based approaches effectively when a clear evidence-base is lacking.
 - f. Evaluate intervention effectiveness and adapt intervention goals and methods consistent with ongoing evaluation.
3. **Individual and Cultural Diversity:**
- a. An understanding of how their own personal/cultural history, attitudes, and biases may affect how they understand and interact with people different from themselves.
 - b. Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities including research, training, supervision/consultation, and service.
 - c. The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles (e.g., research, services, and other professional activities). This includes the ability apply a framework for working effectively with areas of individual and cultural diversity not previously encountered over the course of their careers. Also included is the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create conflict with their own.
 - d. Demonstrate the ability to independently apply their knowledge and approach in working effectively with the range of diverse individuals and groups encountered during internship.
4. **Research:**
- a. Demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their practices with their clinical population.
5. **Consultation and Interprofessional/Interdisciplinary Skills:**
- a. Demonstrate knowledge and respect for the roles and perspectives of other professions.
 - b. Apply this knowledge in direct consultation with individuals, family members when warranted, other health care professionals, security staff, Administrative staff, case workers, program directors or systems related to health and behavior.

6. Supervision:

- a. Apply supervision knowledge in a direct or simulated practice.

7. Ethical and Legal Standards:

- a. Be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines.
- b. Recognize ethical dilemmas and apply decision-making processes.
- c. Conduct self in an ethical manner.

8. Professional Values, Attitudes, and Behavior:

- a. To behave in ways that reflect the values and attitudes of psychology that include integrity, professional identity, accountability, and lifelong learning.
- b. Engage in self-reflection regarding one's personal and professional functioning; engage in activities to maintain and improve performance, well-being, and professional effectiveness.
- c. Actively seek and demonstrate openness and responsiveness to feedback and supervision.
- d. Respond professionally in increasingly complex situations with a greater degree of independence as they progress across levels of training.

9. Communication and Interpersonal Skills:

- a. To develop and maintain effective relationships with a range of individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.
- b. Produce and comprehend oral, nonverbal, and written communications that are informative and well-integrated; demonstrate a thorough grasp of professional language and concepts.
- c. Demonstrate effective interpersonal skills and the ability to manage difficult communication well.

Psychology Intern Clinical Case Conference Presentation

The clinical case presentation provides interns an opportunity to hone their professional presentation skills and to build confidence by demonstrating their clinical acumen. Interns will be required to present one assessment and one psychotherapy case during the training year. These presentations will be attended by supervisory staff (i.e., primary supervisor, secondary supervisor, Psychological Services Director or Designee, Director of Clinical Training, or Associate Director of Clinical Training). Specific instructions regarding the format for the case conferences will be provided to interns during orientation. The intern's case must be cleared with their supervisor(s) well in advance of the case conference. Interns are expected to establish goals for the presentation and aim to present cases with which the intern has some difficulties and desires feedback. Cases involving complex diagnostic, conceptualization, countertransference, therapeutic strategy, or therapeutic obstacles would all be appropriate. The intern will be evaluated formally by the attending supervisors. If the intern's presentation is deemed unsatisfactory, the primary or secondary supervisor will meet the intern to offer feedback, guidance, and remedial suggestions.

V. Professional Code of Conduct Policies

Interns are expected to be familiar with and comply with all MN DOC rules, regulations, and policies at all times during the internship year. They also must adhere to the American Psychology Association *Ethical Principles of Psychologists and Code of Conduct* (2017) at all times. This policy can be found at <https://www.apa.org/ethics/code>

All psychology interns will be expected to complete the MN DOC Academy training at the start of their internship year. At that time, professional code of conduct policies will be reviewed. Select professional code of conduct policies also will be reviewed with the Director of Clinical training on the intern's first day, and paper copies of those policies will be provided. Interns will be asked to sign an acknowledgement form attesting they have fully read, understood, and had any questions answered in regard to the policies. What follows are code of conduct issues that have historically required intervention. By no means are the following an exhaustive review of the specific policies or what is required of the psychology interns during the training year.

Staff ID Badges (201.014)

http://www.doc.state.mn.us/DOcpolicy2/html/DPW_Display.asp?Opt=201.014.htm

Your MN DOC badge with name and photograph clearly visible must be worn for all official business only as defined by the unit appointing authority.

Attire and Hygiene (103.221)

http://www.doc.state.mn.us/DOcpolicy2/html/DPW_Display.asp?Opt=103.221.htm

At the start of the internship, the Director of Clinical Training will review Policy 103.221: Uniforms, Attire, and Personal Hygiene. The personal appearance of our interns contributes to the image of our department, and our profession. Further, as health service providers, personal appearance and hygiene has a significant effect on ensuring a professional and safe environment for patients that focuses on their needs in the delivery of quality patient care. Professional attire and appearance are expected at all times throughout the training year. It may be necessary for program dress code standards to supersede individual preferences or self-expression. Please address questions or discuss any special needs with the Director of Clinical Training. The Director of Clinical Training or other program supervisors may address potential concerns about an intern's professional appearance. Please also note that additional dress code requirements or exceptions may be in place at your primary site. Expected professional attire is broadly described as business casual.

Tardiness and Failure to Report to Work (103.305)

http://www.doc.state.mn.us/DOcpolicy2/html/DPW_Display.asp?Opt=103.035.htm

Interns are expected to be at each facility at the required time. At the start of the internship year, please discuss your specific daily start and stop times with your supervisor. All interns are required to work a 40-hour workweek. The workday is 8 hours.

Upon arrival at the intern's assigned facility, the intern is to report to their assigned area. Each facility has policies in place if an intern is running late or will be taking a personal sick day. Please work with your supervisor to understand your facility's specific tardiness and sick reporting requirements. Regular tardiness and failure to report to work (i.e., no call/no show) are unacceptable. Depending on the

number and severity, tardiness and/or failure to report to work will result in the intern receiving a written notice and/or a remediation plan, or possibly being dismissed from the program.

VI. Psychology Internship Evaluation Procedures

Evaluation of interns. The internship program is designed to provide regular feedback to the interns and is open and responsive to intern-to-program feedback. Informal feedback is a regular part of supervision, and intern progress is regularly discussed in Internship Training Committee meetings. Formal evaluations occur quarterly. At the end of every quarter, supervisors will meet individually with interns to provide feedback on the intern's performance using the Minnesota Department of Corrections Internship Evaluation Form (See below). Evaluation forms should be signed by the intern, supervisor, and the Director of Clinical Training. The Internship Evaluation Forms are provided to the intern's graduate program, as specified by APPIC. Please see **Appendix A** for MN DOC Internship Evaluation Form.

Written evaluations are reviewed in individual meetings between supervisors and interns and then are submitted to the Director of Clinical Training. Interns are expected to receive ratings at a level of competence of "3" or higher at the 3, 6, and 9 (as applicable) month evaluation periods. If a lower rating (**i.e., "1" at any point or "2" at the 6th month period and beyond**) is received, the supervisor must specify in writing the remediation required, with specific dates for completion.

VII. Management of Problematic Conduct and/or Performance

This section provides guidelines for managing problematic intern conduct and/or performance. The guidelines incorporate Human Resource directives of the Minnesota Department of Corrections, APPIC, and the American Psychological Association (APA). The guidelines emphasize due process and assure fairness in the program's decisions about interns. There are also avenues of appeal that allow interns to file grievances and dispute program decisions.

Evaluation and Remediation

The training program follows due process guidelines to ensure that decisions about interns are not arbitrary or personally based. The program uses comparable procedures to evaluate all interns, and it has appeal procedures that permit any intern to challenge program decisions. The due process guidelines include the following:

1. All interns receive written information detailing program expectations for professional functioning.
2. Evaluation procedures are based on the requirements of the MN DOC internship program.
3. Graduate programs are informed about any suspected difficulties with interns and are provided with quarterly evaluations for their review.
4. Remediation plans are instituted for identified inadequacies, including time frames for remediation and specific consequences for failure to rectify the inadequacies.
5. All interns are made aware of resources (e.g., Internship Handbook) where procedures they may use to appeal the program's actions are found.

6. Interns are given sufficient time to respond to any action taken by the program.
7. Program actions and their rationale are documented in writing to all relevant parties.

Identification of “Problematic Behavior” and Due Process for Training Concerns

Psychology interns make significant developmental transitions during the training period. Part of the training process involves the identification of growth and/or problem areas of the intern. Clinical supervisors often identify these and deal with them in supervision. However, problems may sometimes require more formalized intervention.

This document provides MN DOC interns and staff with an overview of the identification and management of intern problems and concerns, a listing of possible sanctions, and an explicit discussion of the due process procedures. Also included are important considerations in the remediation of problems. We encourage staff and interns to discuss and resolve conflicts informally, but the following formal mechanisms allow for a response to issues of concern if this cannot occur.

Definition of Problematic Behavior. Problematic Behavior is defined broadly as an interference in professional functioning which is reflected in one or more of the following ways:

1. An inability and/or unwillingness to acquire and integrate professional standards into one's repertoire of professional behavior.
2. An inability to acquire professional skills in order to reach an acceptable level of competency.
3. An inability to control personal stress, strong emotional reactions, and/or psychological dysfunction which interferes with professional functioning.
4. It is a professional judgment as to when an intern's behavior becomes a problem that requires remediation. Interns may exhibit behaviors, attitudes, or characteristics that, while of concern and requiring remediation, are not unexpected or excessive for professionals in training. Behaviors typically become identified as problematic when they include one or more of the following characteristics:
 - a. The problematic behavior violates appropriate interpersonal communication with agency staff and/or any agency policies and procedures.
 - b. The intern does not acknowledge, understand, or address the problem when it is identified.
 - c. The problem is not merely a reflection of a skill deficit that can be rectified by academic or didactic training.
 - d. The quality of services delivered by the intern is sufficiently negatively affected.
 - e. The problem is not restricted to one area of professional functioning.
 - f. A disproportionate amount of attention by training personnel is required.
 - g. The intern's behavior does not change as a function of feedback, remediation efforts, and/or time.
 - h. The problematic behavior has potential for ethical or legal ramifications if not addressed.
 - i. The intern's behavior negatively impacts the public view of the agency.
 - j. The problematic behavior negatively impacts the intern cohort.
 - k. The problematic behavior potentially causes harm to a patient.

Definition of Appointing Authority. An Appointing Authority includes the warden of a facility or a central office or field/community services manager designated as the appointing authority for a division. For Behavioral Health, the current Appointing Authority is Nanette Larson, The Associate Commissioner of Corrections.

Definition of Training Committee. The Training Committee shall consist of at least the Director of Clinical Training, the intern's supervisor, and other psychology internship supervisors.

Definition of Remediation Review Panel. The Remediation Review Panel consists of at least the Director of Clinical Training or designee, two members selected by the Behavioral Health Services Director or designee, and a member selected by the psychology intern. The staff member(s) who has filed the grievance may not serve on this panel.

Definition of Appeal Review Panel. The Appeal Review Panel will consist of at least the Director of Clinical Training, two staff members selected by the Behavioral Health Services Director, and one member selected by the intern.

Definition of Grievance Review Panel. The Grievance Review Panel will consist of three staff members selected by the Director of Behavioral Health Services with recommendations from the Director of Clinical Training and the intern involved in the dispute.

Definition of Due Process. Due process is to inform and to provide a framework to respond, act, or dispute. Due process ensures that decisions about psychology interns are not arbitrary or personally based. Specific evaluative procedures apply to all psychology interns, and appeal procedures are available for psychology interns who wish to appeal the program's actions.

Staff Allegation of Psychology Intern Violation of Standards. Any staff member of the Minnesota Department of Corrections may file a written complaint against a psychology intern for the following reasons: (a) unethical or legal violations of professional standards or laws; (b) failures to satisfy professional obligations and thereby violate the rights, privileges, or responsibilities of others.

Guidelines for Due Process

Psychology interns occupy a unique position at MN DOC. They are professional staff members and are thus subject to the policies and procedures applicable to professional staff. They are also graduate interns at various institutions, and by completing a psychology internship, they are fulfilling an academic requirement of their home institution. Psychology interns may have multiple supervisors and reporting lines. Therefore, it is necessary to define a due process procedure that considers the agency's personnel policies, the multiplicity of lines of authority over interns, the duality of their status, and published professional standards. The following procedures clarify how Progressive Discipline shall be applied to interns.

Due Process: General Guidelines

Due process ensures that the decisions about interns are not arbitrary or personally based. It requires that the Training Program identify specific evaluative procedures that are applied to all interns and provide appropriate appeal procedures. All steps need to be appropriately documented and implemented. General due process guidelines include:

1. Providing interns with the program's expectations related to professional functioning in writing during the orientation period and discussing these expectations.
2. Stipulating the procedures for evaluation, including when and how evaluations will be conducted. Such evaluations should occur at meaningful intervals.
3. Articulating the various procedures and actions involved in making decisions about problem behaviors.
4. Communicating, early and often, with graduate programs about any difficulties with interns and, when necessary, seeking input from these academic programs about how to address such difficulties.
5. Instituting, when appropriate, a remediation plan for identified inadequacies, including a time frame for expected remediation and consequences for not rectifying the inadequacies.
6. Providing interns with a written procedure that describes how the intern may appeal the program's action. These procedures are included in the materials provided to interns during orientation.
7. Ensuring that interns have sufficient time to respond to any action taken by the program.
8. Using input from multiple professional sources when making decisions or recommendations regarding an intern's performance.
9. Documenting, in writing and to all relevant parties, the program's actions and rationale.
10. At any point during the remediation process, the Training Committee and/or the psychology intern, may make use of the APPIC Problem Consultation services: <https://appic.org/Problem-Consultation>.

Notification Procedures to Address Problematic Behavior or Inadequate Performance

Meaningful ways to address problematic behavior, once identified, are important. In implementing remedial actions, the Training Committee staff must be mindful and balance the needs of the intern with problematic behavior, the clients involved, members of the intern's training group cohort, the Training Committee staff, other clinic personnel, and other staff members.

Informal Review. When a supervisor finds an intern's behavior to be problematic, the supervisor first raises the issue directly with the intern as soon as possible in an attempt to resolve the issue. This may include increased supervision, didactic training, or supplemental readings. This process is documented in writing in the supervision notes and discussed with the Director of Clinical Training but does not become part of the intern's file.

Formal Review. If an intern's problematic behavior continues to persist following an attempt to address the issue informally, and evaluations indicate that a psychology intern's skills, professionalism, or personal functioning are problematic for a psychology intern in training, the Training Committee initiates the following procedures. First, the evaluations are reviewed, and then a determination is made as to what action needs to be taken to address the problem(s). Second, the psychology intern is notified in writing that a review is occurring and that the Training Committee is ready to receive any information or statement that the psychology intern wishes to provide with reference to the identified problems. Third, after reviewing all available information, the Training Committee may adopt one or more of the following steps or take other appropriate action.

Remediation

The following remediation processes are not necessarily linear in their application. The type of remediation action will depend on the type and seriousness of the problematic behavior(s). The severity of the problematic behavior plays a role in the level of remediation or sanction.

1. The Training Committee may elect to take no further action.
In instances where no further action is necessary, a statement is issued regarding the committee's decision within 14 calendar days. This statement is issued to the intern, the intern's supervisor, and the Director of Clinical Training. The intern's graduate program is not notified. This statement is not stored in the intern's permanent file.
2. The Training Committee may issue an *Acknowledgement Notice* that states in writing the following:
 - a. The Training Committee is aware of and concerned about the negative evaluation.
 - b. The evaluation has been brought to the psychology intern's attention and the Committee or other supervisors who work with the psychology intern to rectify the problem within a specified time frame.
 - c. The behaviors associated with the evaluation are not significant enough to warrant more significant action at the time.

Once the Training Committee has issued an *Acknowledgement Notice*, the problem's status is reviewed within three (3) months, or at the time the next written evaluation is submitted, whichever comes first.

3. Alternatively, the Training Committee may issue a Probation Notice: a time-limited, remediation-oriented, more closely supervised training period. Its purpose is to assess the ability of the intern to complete the internship and to return the intern to a more fully functioning state. Probation defines a relationship where the Director of Clinical Training systematically monitors the degree to which the intern addresses, changes, or otherwise improves the problem behavior. The intern is informed of the probation in a written statement that includes:
 - a. The specific problem behaviors;
 - b. The recommendation for rectifying these behaviors;
 - c. The time frame for the probation during which the problem is expected to be ameliorated; and
 - d. The procedures to ascertain whether the problem has been appropriately rectified.

4. If the Training Committee deems that remedial action is required, the identified problems in performance or conduct must be systematically addressed. Possible remedial steps include, but are not limited to, the following:
 - a. Increasing the amount of supervision, either with the same or other supervisors.
 - b. Change in the format, emphasis, and/or focus of supervision.
 - c. Schedule modification (e.g., reducing the intern's workload).
 - d. Assignments designed to assist with skill development may be given, with feedback on assignments offered by supervisors.
 - e. Recommending personal therapy.

Following the delivery of an *Acknowledgment Notice* or *Probation Notice*, the Director of Clinical Training meets with the psychology intern to review the required corrective steps. The psychology intern may elect to accept the conditions or may challenge the Training Committee's actions as outlined. In either case, the Director of Clinical Training will inform the psychology intern's graduate program and indicate the nature of the inadequacy and the steps taken by the Training Committee within seven (7) calendar days. The psychology intern shall receive a copy of the letter to the graduate program. This statement becomes a part of the intern's permanent file. Once the Training Committee has issued a *Probation Notice*, the problem's status is reviewed within the time frame set by the notice.

Failure to Correct Problems. When a combination of interventions does not rectify the problematic performance or problematic conduct within a reasonable period, or when the psychology intern seems unable or unwilling to alter their behavior, the MN DOC training program may need to take more structured action, including convening a Remediation Review Panel. The intern's supervisor is to discuss the concerns with the psychology intern, identify problematic behaviors, and formulate plans for remediation. Suppose a psychology intern on probation has not improved sufficiently to rectify the problems under the conditions stipulated by the Probation Notice. In that case, the Remediation Review Panel is to conduct a review and inform the psychology intern in writing that the conditions for revoking the probation have not been met. Termination of the internship is only considered for concerns of significant magnitude and as a last resort. The Remediation Review Panel may elect to take any of the following steps, or other appropriate actions.

Suspension of Direct Service Activities is necessary if a determination has been made that the welfare of the intern's clients has been jeopardized. In this case, direct service activities will be suspended for a specified period as determined by the Director of Clinical Training in consultation with the Director of Behavioral Health Services and the intern's supervisors. Discussion with APPIC's Problem Consultation services will be completed. At the end of the suspension period, the intern's supervisor, in consultation with the Director of Clinical Training, will assess the intern's capacity for effective functioning and determine when direct service can be resumed. The Director of Clinical Training will inform the graduate program of these events, with the intern receiving a copy of any letters.

Administrative Leave involves the temporary withdrawal of all responsibilities and privileges in the MN DOC. If the Probation Period, Suspension of Direct Service Activities, or Administrative Leave interferes with the successful completion of the training hours needed for completion of the internship, this will be noted in the intern's file and the intern's academic program will be informed. Discussion with APPIC's Problem Consultation services will also be completed.

Dismissal from the Internship will be considered when specific interventions do not rectify the impairment and the intern seems unable to or unwilling to alter his/her behavior, the Director of Clinical Training will discuss with the Director of Behavioral Health Services and the Appointing Authority the possibility of dismissal from the internship. APPIC Problem Consultation services will also be completed prior to any final decision being made. The Director of Behavioral Health and Appointing Authority will make the final decision about dismissal. When an intern has been dismissed, the Director of Clinical Training will communicate to the intern's academic department that the intern has not successfully completed the internship. APPIC will also be notified of the dismissal in writing.

Immediate Dismissal involves the immediate, permanent revocation of all agency responsibilities and privileges. Prior to dismissal, APPIC will be notified of the reasons for the immediate dismissal. Immediate dismissal would be invoked but is not limited to cases of severe violations of the APA Code of Ethics, or when imminent physical or psychological harm to a client is a major factor, or the intern is unable to complete the training program due to physical, mental, or emotional illness. In addition, in the event an intern compromises the welfare of a client(s) or the Minnesota Department of Corrections by an action(s) which generates grave concern from the Director of Clinical Training or the supervisor(s), the Director of Behavioral Health and/or Appointing Authority may immediately dismiss the intern from MN DOC. This dismissal may bypass Due Process procedural steps and remediation alternatives identified. When an intern has been dismissed, the Director of Clinical Training will communicate to the intern's academic department that the intern has not successfully completed the training program. APPIC will also be notified of the dismissal in writing.

All the above steps will be appropriately documented and implemented in ways that are consistent with the any contractual language of the respective psychology intern, including opportunities for interns to initiate grievance proceedings to challenge MN DOC Training Committee and/or Remediation Review Panel decisions.

Appeals Process

Appeals Procedures

Psychology interns who receive an *Acknowledgment Notice* or *Probation Notice*, or who otherwise disagree with any Training Committee or Review Panel decisions regarding their status in the program, are entitled to challenge the Training Committee's or Remediation Review Panel actions by initiating an Appeals Procedure. Within seven (7) calendar days of receipt of the Training Committee's or Remediation Review Panel's notice or other decision, the psychology intern must inform the Director of Clinical Training in writing that they are appealing the Committee's action. The psychology intern then has seven (7) additional calendar days to provide the Director of Clinical Training with information as to why the intern believes the Training Committee's or Review Panel's action is unwarranted. Failure to provide such information constitutes a withdrawal of the challenge. Following receipt of the psychology intern's challenge, the following actions are to be taken.

1. The Director of Clinical Training is to convene an Appeal Review Panel in accordance with the procedures listed in the section below. The psychology intern retains the right to hear all facts and the opportunity to dispute or explain their behavior.

2. The Director of Clinical Training is to conduct and chair a review hearing in which the psychology intern's appeal is heard, and the evidence presented. The Appeal Review Panel's decisions are made by majority vote. Within 14 calendar days of completion of the review hearing, the Appeal Review Panel is to prepare a report on its decisions and recommendations and inform the psychology intern of its decisions, which includes, at minimum, a written summary of the decision. The Appeal Review Panel then submits its report to the Director of Behavioral Health and the Appointing Authority.
3. Once the Appeal Review Panel informs the psychology intern in writing and submits its report, the psychology intern has seven (7) calendar days within which to seek a further review of their grievance by submitting a written request to the Director of Behavioral Health and the Appointing Authority. The psychology intern's request must contain brief explanations of the grievance and the desired settlement the intern is seeking, and it must also specify which policies, rules, or regulations have been violated, misinterpreted, or misapplied.
4. The Director of Behavioral Health and Appointing Authority then conducts a review of all documents submitted and renders a written decision. Their decision is to be rendered within 14 calendar days of receipt of an intern's request for further review if such request was submitted. The Director of Behavioral Health and Appointing Authority can accept the Appeal Review Panel's action, reject the Appeal Review Panel's action and provide an alternative, or refer the matter back to the Appeal Review Panel for further deliberation. The Appeal Review Panel reports back to the Director of Behavioral Health within 14 calendar days of the request for further deliberation. The Director of Behavioral Health and Appointing Authority then makes a final recommendation regarding actions to be taken, including, but not limited to, working with Human Resources to determine appropriate steps.
5. Once a final decision has been made, the psychology intern, graduate program and other appropriate individuals are informed in writing of the action taken.

Grievance

Grievance procedures are a structured process to resolve perceived conflicts that cannot be resolved by other means. Such situations may include a complaint, concern, or grievance against a supervisor, staff member, psychology intern, or the program itself. For purposes of this procedure wherein the Director of Clinical Training and/or the Director of Behavioral Health is specified in the grievance, a "designee" may be identified to fulfill the responsibilities accompanying those positions. These guidelines are intended to provide the intern with a means to resolve perceived conflicts. As such, psychology interns or staff who pursue grievances in good faith do not experience any adverse personal or professional consequences as a direct result of the grievance. The steps to be taken are listed below.

Grievance Procedure

The following steps are intended to provide the psychology intern with a means to resolve perceived conflicts that other means cannot resolve. The psychology intern who wishes to file a grievance should:

1. Discuss the issue with intern's supervisor(s), unless they are the target of the grievance, as a first step to discuss how to proceed. All interns should have two supervisors. If the target of the grievance is one supervisor, they are encouraged to discuss the concern with the other supervisor. The first option thereafter is to try and resolve the matter with the staff member(s) involved.

2. If the issue cannot be resolved informally, or it is inappropriate to discuss it with the other individual, the intern and their supervisor(s) should discuss the concern with the Director of Clinical Training. If the Director of Clinical Training is the object of the grievance or is unavailable, the issue should be raised with the Director of Behavioral Health Services.
3. The Director of Clinical Training may meet with the intern and the staff member involved individually or with both the intern and the staff member involved, to assist in mediation of the issue where a plan of action is developed to resolve the problem. This should occur within seven (7) calendar days. A plan of action includes:
 - a. The issues associated with the grievance
 - b. Steps necessary to correct the problem; and,
 - c. Procedures designed to determine if the problem has been rectified.
4. If the Director of Clinical Training cannot resolve the issue, the intern should discuss the concern with the Director of Behavioral Health Services. The Director of Behavioral Health Services may meet with the intern, the staff member involved, and the Director of Clinical Training individually or as a group to mediate the issue. The intern and the individual grievéd are to report back to the Director of Clinical Training in writing whether the action has been resolved.
5. If the issue cannot be resolved with the Director of Clinical Training or the Director of Behavioral Health Services, the intern's academic program may be contacted to help mediate the grievance.
6. If the Director of Clinical Training or Director of Behavioral Health Services cannot resolve the issue, the intern can request that a Grievance Review Panel be convened to hear this grievance:
 - a. The intern should file a formal complaint in writing including any supporting documents with the Director of Clinical Training. If the intern is challenging a formal evaluation, the intern must do so within five (5) workdays after receiving the evaluation.
 - b. Within three (3) workdays of a formal complaint, the Director of Clinical Training must consult with the Director of Behavioral Health Services and implement Review Panel procedures as described below.

Review Panel and Process:

1. Upon receipt of a formal complaint, the Director of Behavioral Health Services will convene a Grievance Review Panel. The Grievance Review Panel will consist of three staff members selected by the Director of Behavioral Health Services with recommendations from the Director of Clinical Training and the intern involved in the dispute. The intern has the right to hear all the facts and have the opportunity to dispute or explain the behavior of concern.
2. Within seven (7) workdays of convening a Grievance Review Panel, a hearing will be conducted in which the grievance is heard, and relevant material presented. Within three (3) workdays of completing the review, the Grievance Review Panel submits a written report to the Director of Behavioral Health Services, including any recommendations for further action. Recommendations made by the Grievance Review Board will be made by a majority vote. Once a decision has been made, the intern, his/her academic department, and other appropriate individuals will be informed in writing of the action taken.

3. Once the Grievance Review Panel has communicated its recommendations as noted above, the psychology intern has seven (7) calendar days to submit a written request for further review to the Director of Behavioral Health. The request should include relevant information, explanations, and viewpoints that may challenge, refute, or otherwise call for modification of the Review Panel's decisions and recommendations. The request should also specify policies, rules, or regulations that may have been violated, misinterpreted, or misapplied.
4. In conjunction with the Director of Behavioral Health Services and the Director of Clinical Training or designee, the MN DOC Appointing Authority, currently Nanette Larson, The Associate Commissioner of Corrections, conducts a review of all documents submitted and renders a written decision. Their decision is to be rendered within 15 calendar days of receipt of the Grievance Review Panel's report, and within 10 calendar days of receipt of a psychology intern's request for further review if such request was submitted. The Appointing Authority may either accept the Grievance Review Panel's action, reject the Grievance Review Panel's action and provide an alternative, or refer the matter back to the Grievance Review Panel for further deliberation. The Grievance Review Panel then reports back to the Appointing Authority within 10 calendar days of the request for further deliberation. The Appointing Authority then makes a final recommendation regarding actions to be taken, including, but limited to, working with Human Resources to determine appropriate steps.
5. Once a final and binding decision has been made, the psychology intern, the graduate program, and other appropriate individuals are informed in writing of the action taken.

All the above steps are to be appropriately documented and implemented in ways that are consistent with any contractual language of the respective psychology intern. Copies of these documents are stored in the intern's files that are in a locked file cabinet.

Records of grievance procedures are retained in a confidential location, indefinitely, by the Director of Clinical Training. Grievance information may be shared with APA, as requested, but does not include identifying data. These complaints are otherwise confidential.

This procedure is not meant to supersede any other established review, evaluation, or employment management processes, but rather act as an augmentation to these processes.

Appendix A

MINNESOTA DEPARTMENT OF CORRECTIONS

INTERNSHIP EVALUATION FORM

Student Name: _____ Date: _____

Intern Site: _____ Supervisor: _____

Evaluation Period: _____ Training Year: 202__

Assessment Method(s) for Competencies

_____ Direct Observation	_____ Review of Written Work
_____ Videotape	_____ Review of Raw Test Data
_____ Audiotape	_____ Discussion of Clinical Interaction
_____ Case Presentation	_____ Comments from Other Staff

Minimum Level of Achievement

The MN DOC Intern Evaluation form evaluates interns on the Profession Wide Competencies established under the *APA Standards of Accreditation*. The competencies are Research; Ethical and Legal Standards; Individual and Cultural Diversity; Professional Values, Attitudes, and Behaviors; Communications and Interpersonal Skills; Assessment; Intervention; Supervision; and Consultation and Interprofessional/Interdisciplinary Skills.

Interns are evaluated on their ability to demonstrate or provide the elements that comprises each of the competencies to successfully complete the internship. Interns must obtain a minimum level of achievement rating of four (4) in 80% of the Profession Wide Competencies. This would equate to the intern achieving a minimum rating of four (4) or higher in eight of the nine competency areas. The Profession Wide Competencies are established below, along with the specified goals of each area of competency.

COMPETENCY RATINGS DESCRIPTIONS:

5 Post-Doctoral Equivalent Competence Level:

Intern skillset exceeds that expected for psychology interns at the completion of the training year. The Intern has achieved a level of mastery well beyond what is expected for this skill set. Intern can manage complex situations independently with minimal supervision. Training needs are mostly consultative in nature.

4 Advanced Competence Level:

Intern displays greater independence and autonomy of applied skill set to clinical work. Intern consistently integrates well-developed knowledge, skills, and abilities into all aspects of professional practice. Intern functions proactively and independently in most contexts. Supervision is accessed independently when needed for complex/novel situations.

3 Intermediate Competence Level:

Intern needs minimal structure for routine activities but may need closer supervision for more complex situations. Generalizes knowledge, skills, and abilities across clinical activities and settings. While the Intern can perform the skills, conscious awareness may be required, i.e., thinking through the steps. This is the level expected for most skills mid-way through the internship year.

2 Novice/Entry Competence Level:

Intern presents with an expected skill level at the start of internship. Intern has a mastery of skills needed to complete work but requires guidance and supervision for effective application. This is the level of competency expected for a beginning intern working with a new clinical population.

1 Remedial Competence Level:

Intern shows significant deficiencies in this area, with skills below that expected of a beginning Intern. Requires further education and intensive guidance or supervision to be able to apply to clinical work. Intensive supervision is required to attain a basic level of competence, OR the Intern has not attained the expected level of competence despite supervision. A remediation plan is likely to be implemented at this level.

NA Not applicable or not assessed

COMPETENCY: COMMUNICATION AND INTERPERSONAL SKILLS

Goal: Develop and maintain effective relationships with a range of individuals that include colleagues, communities, organizations, supervisors, supervisees, and those receiving professional services.

1	2	3	4	5	NA	Ability to engage the client effectively; capacity for empathy and rapport building.
1	2	3	4	5	NA	Ability to develop and maintain a constructive working alliance with clients.
1	2	3	4	5	NA	Ability to develop and maintain a constructive working alliance with supervisor(s).

1 2 3 4 5 NA	Produce oral, nonverbal, and written communications that are informative and well-integrated.
1 2 3 4 5 NA	Demonstrate a grasp of professional language and conduct.
1 2 3 4 5 NA	Respond to emails and phone calls promptly.
1 2 3 4 5 NA	Complete documentation in a timely manner as set forth by policy, legal, and professional standards.
1 2 3 4 5 NA	Demonstrate professional demeanor in meetings.
1 2 3 4 5 NA	Demonstrate ability to manage conflict in interpersonal relationships.
1 2 3 4 5 NA	Ability to establish collaborative professional relationships with correctional staff, colleagues, students and/or members of other disciplines.
1 2 3 4 5 NA	Actively participate in team meetings.
1 2 3 4 5 NA	Understand appropriate boundaries in relationships.
1 2 3 4 5 NA	Composite evaluation of communication and interpersonal skills.

Additional comments:

COMPETENCY: PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS

Goal: Behave in ways that reflect the values and attitudes of psychology that include integrity, professional identity, accountability, and lifelong learning.

1 2 3 4 5 NA	Engage in self-reflection of one's personal and professional functioning.
1 2 3 4 5 NA	Engage in activities to maintain and improve performance, well-being, and professional effectiveness.
1 2 3 4 5 NA	Actively seek feedback and supervision.
1 2 3 4 5 NA	Demonstrate openness and responsiveness to feedback and supervision.
1 2 3 4 5 NA	Recognize limits and willing to obtain consultation prior to taking action.

1 2 3 4 5 NA Respond in increasingly complex situations with a greater degree of independence throughout the training year.

1 2 3 4 5 NA **Composite evaluation of relationship competency.**

Additional comments:

COMPETENCY: ETHICAL AND LEGAL STANDARDS

Goals: 1. Be knowledgeable and act in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; Relevant laws, regulations and rules, and policies governing health service psychology; relevant professional standards and guidelines. 2. Recognize ethical dilemmas and apply decision-making processes. 3. Conduct self in an ethical manner.

1 2 3 4 5 NA Knowledge of ethics, professional guidelines and standards of conduct.

1 2 3 4 5 NA Ability to apply ethical standards in interactions with others and demonstrate professional behavior with clients, peers, and other professionals.

1 2 3 4 5 NA Ability to adhere to laws, regulations, rules, and policies governing profession.

1 2 3 4 5 NA Respect for confidentiality.

1 2 3 4 5 NA Recognize ethical dilemmas and demonstrate the use of an ethical decision-making model.

1 2 3 4 5 NA Exhibit a professional demeanor; comfort with various professional roles and responsibilities.

1 2 3 4 5 NA Manage time effectively, complete work in a timely manner and follow through on commitments.

1 2 3 4 5 NA Comply with documentation and other professional requirements of the setting.

1 2 3 4 5 NA Commitment to self-evaluation and lifelong learning.

1 2 3 4 5 NA Actively seek consultation when treating complex cases and working with unfamiliar symptoms.

1 2 3 4 5 NA Open to supervisory feedback.

1	2	3	4	5	NA	Engage in self-reflection regarding one's personal and professional functioning.
1	2	3	4	5	NA	Show awareness of strengths and weaknesses.
1	2	3	4	5	NA	Composite evaluation of ethical/professionalism competency.

Additional comments:

COMPETENCY: SUPERVISION

Goal: To demonstrate knowledge of evidence-based supervision models and practices and apply this knowledge in direct or simulated practice.

1	2	3	4	5	NA	Engage in independent efforts to learn about supervision theory, models, and effective practices in supervision through the use of directed readings.
1	2	3	4	5	NA	Demonstrate knowledge of theories, models, and effective practices in supervision.
1	2	3	4	5	NA	Actively apply supervision skills with peers in a group supervision format and/or with another trainee.
1	2	3	4	5	NA	Engage in self-reflection regarding one's personal and professional functioning as it relates to the supervisor-supervisee relationship.
1	2	3	4	5	NA	Show awareness of supervisory strengths and weaknesses.
1	2	3	4	5	NA	Is knowledgeable about and able to apply ethical principles relevant to training and supervision.
1	2	3	4	5	NA	Ability to provide supervisory feedback to others effectively.
1	2	3	4	5	NA	Reflect on and effectively manages one's own reactions (e.g. supervisory countertransference) within the supervisory relationship.
1	2	3	4	5	NA	Composite evaluation of supervision competency.

Additional comments:

COMPETENCY: ASSESSMENT

Goal: Select and apply assessment methods, collect relevant collateral data using multiple sources and methods to answer the identified questions of the assessment keeping in mind the diversity of the client to accurately conceptualize the client.

1	2	3	4	5	NA	Ability to conduct an effective clinical interview.
1	2	3	4	5	NA	Ability to select, administer, score, and interpret standardized intelligence, cognitive, and personality testing measures.
1	2	3	4	5	NA	Ability to conceptualize and integrate information from multiple sources.
1	2	3	4	5	NA	Ability to develop appropriate conceptualizations of clients with appropriate diagnoses.
1	2	3	4	5	NA	Ability to effectively communicate evaluation results in writing.
1	2	3	4	5	NA	Ability to communicate evaluation results verbally and effectively to clients and other professionals.
1	2	3	4	5	NA	Demonstrate a thorough knowledge of the DSM and relevant diagnostic criteria to develop an accurate diagnostic formulation
1	2	3	4	5	NA	Answer the referral question.
1	2	3	4	5	NA	Composite evaluation of assessment competency.

Additional comments:

COMPETENCY: INTERVENTION

Goals: 1. Establish and maintain effective therapeutic relationships with clients; 2. develop and adhere to evidence-based service interventions; 3. inform interventions based on current scientific literature, assessment findings, diversity characteristics of clients; 4. demonstrate the ability to apply relevant research literature to clinical decisions and clinical application; 5. evaluate intervention effectiveness and adapt intervention goals.

1	2	3	4	5	NA	Establish and maintain rapport with clients.
1	2	3	4	5	NA	Demonstrate the knowledge of theory and the ability to apply theory and technique to develop useful case conceptualizations and treatment plans.

1 2 3 4 5 NA	Ability to inform therapeutic interventions based on effective scientific based treatment to meet the needs of diverse client populations.
1 2 3 4 5 NA	Ability to revise treatment strategies based on available outcome data.
1 2 3 4 5 NA	Demonstrate awareness of diversity and culture in the therapeutic relationship.
1 2 3 4 5 NA	Able to identify own issues, including countertransference, that impact the therapeutic process.
1 2 3 4 5 NA	Effectively evaluate, manage, and document client risk by Assessing immediate concerns such as suicidality, homicidality, and any other safety issues.
1 2 3 4 5 NA	Seek supervision/consultation as emergent issues unfold.
1 2 3 4 5 NA	Composite evaluation of intervention competency.

Additional comments:

COMPETENCY: INDIVIDUAL AND CULTURAL DIVERSITY

Goal: The ability to integrate awareness and knowledge of individual and cultural differences in the conduct of professional roles.

1 2 3 4 5 NA	Knowledge of their own personal/culture history, attitudes, and biases and its impact on their values and world view.
1 2 3 4 5 NA	Knowledge of the current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities.
1 2 3 4 5 NA	Ability to apply a framework for working effectively with areas of individual and cultural diversity not previously encountered.
1 2 3 4 5 NA	Ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews create a conflict with their own.
1 2 3 4 5 NA	Awareness of their own personal reactions and ability to seek consultation to maintain clinical objectivity.

1 2 3 4 5 NA	Demonstrate ability to work effectively with a range of diverse individuals and groups.
--------------	---

1 2 3 4 5 NA	Composite evaluation of diversity competency.
--------------	--

Additional comments:

COMPETENCY: RESEARCH

Goal: Demonstrate the ability to critically evaluate and disseminate research or scholarly activities to inform their practices with their clinical population.

1 2 3 4 5 NA	Independently seeks out scientific literature to inform and enhance clinical practice in assessment and psychotherapy through the use of professional literature, seminars, training, and other resources.
--------------	--

1 2 3 4 5 NA	Demonstrate a commitment to evidence-based practice that integrates research with clinical expertise in the context of client characteristics, culture, and preferences.
--------------	--

1 2 3 4 5 NA	Recognizes limits to competence and areas of expertise and takes steps to address the issues.
--------------	---

1 2 3 4 5 NA	Demonstrates motivation to increase knowledge and expand range of professional skills through reading and supervision/consultation
--------------	--

1 2 3 4 5 NA	Demonstrates familiarity with empirical research and methods.
--------------	---

1 2 3 4 5 NA	Provides quality oral presentations in case conferences and in Journal Club.
--------------	--

1 2 3 4 5 NA	Composite evaluation of research and evaluation competency.
--------------	---

Additional comments:

COMPETENCY: CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS

Goals: 1. Demonstrate knowledge and respect for the roles and perspectives of other professions; 2. Apply this knowledge in direct consultation with individuals, family members, other health care professionals, security staff, Administrative staff, case workers, program directors or systems related to health and behavior.

1 2 3 4 5 NA Ability to consult with and educate others through oral and written communications.

1 2 3 4 5 NA Ability to consult and relay information to others effectively in a manner that the receiver of the information understands.

1 2 3 4 5 NA Demonstrate respect for the roles and perspectives of other professions and contacts.

1 2 3 4 5 NA **Composite evaluation of consultation competency.**

Additional comments:

Intern Comments:

This evaluation has been shared and discussed with the intern on _____(date) and a copy of the evaluation was given to the intern.

The intern's clinical hours have been reviewed by the supervisor on _____(date) and are attached to this evaluation form.

CONCLUSIONS**REMEDIAL WORK INSTRUCTIONS**

In the rare situation when it is recognized that an intern needs remedial work, a remediation plan should be filled out **immediately** prior to any deadline date for evaluation and shared with the intern and the Director of Clinical Training. In order to allow the intern to gain competency to pass criteria for the internship activity, a remediation plan needs to be developed and implemented for specific competency area(s).

GOAL FOR INTERN EVALUATIONS DONE PRIOR TO 12 MONTHS

All Objective Composites will be rated at a level of competence of 3 or higher, with a minimum score of 3 in 80% of the elements related to each competency area. No competency areas will be rated as 1 or 2.

GOAL FOR INTERN EVALUATIONS DONE AT 12 MONTHS

All Objective Composites will be rated at a level of 4 or higher, with a minimum score of 4 in 80% of the elements related to each competency area. No competency areas will be rated as 1 or 2.

_____ The intern HAS successfully completed the above goal. We have reviewed this evaluation together.

_____ The intern HAS NOT successfully completed the above goal. We have made a joint written remedial plan as attached, with specific dates indicated for completion. Once completed, the training experience will be re-evaluated using another evaluation form, or on this form, clearly marked with a different color ink. We have reviewed this evaluation together.

Supervisor _____ Date _____

I have received a full explanation of this evaluation. I understand that my signature does not necessarily indicate my agreement.

Intern _____ Date _____

Please retain a copy of this evaluation for your records and submit the original form to the student's Director of Clinical Training.

MN DOC Director of Clinical Training Signature

Date